

**New Contributor** 

## **City of Seattle Employees Combined Charities**

O Do not wish to contribute any

## **Combined Fund Drive - Contribution Form**

"Making a world of difference"

## Go Paperless

Secure online donations and updates can be made at www.cfd.wa.gov

Please do not file this form if you wish to continue your existing monthly payroll pledges with no change.

O Changing current pledges

		(this form will override all previous pledges)				longer (effective Dec. 31 <sup>st</sup> 2006)		
Name (Last, First, MI)				Employ	Employee ID			
County Code Agency King - 17 City of Seattle			- 003		Department (see reverse)			
Email					Work Phone			
Make a Contribution to a 501(c)3 or a 170(c)1 Charity  1. This contribution form will override your existing contributions. To change your existing charities, or update donation amounts, please completely fill out the fields below. To pleage to the CFD please use Charity Code 316854.  2. You may donate to a charity not listed in the guide by using the "Write In" section on this form. CFD policy requires that you provide the: charity name, tax ID #, Address, email, and telephone number.  3. Please attach additional forms if needed.								
Charity		CFD Charity Code	Monthly Payroll Donation		One Time Payroll Donation		Donation Made By Check	
1.			\$		\$		\$	
2.			\$		\$		\$	
3.			\$		\$		\$	
4. CFD Non-Specified		316854	\$		\$		\$	
Write-in Charity								
Monthly Payroll Donation \$	One-time Payroll Donation \$			Donation made by check \$				
Name	Ψ			Ψ	EIN or Tax ID #			
Address			State		Zip			
Phone	none Email			V		Website		
Payment Information Payroll Deduction Monthly payroll deductions will begin at the start of the new calendar year. Your one-time donation will be made at the start of the new calendar year. \$2 minimum donation required  Personal Check (please choose one of the following options)  Check made to specific charity Check made to CFD for chosen charity(ies) Check made to CFD general fund  Write the Charity Code(s) on the checks memo line. The check will be divided among the charities as indicated. Or make separate checks payable to each charity receiving a donation. Please staple all checks to this form.  Employee Authorization  I understand that once started, my monthly payroll deduction will continue automatically unless changed by completing a new Contribution Form, or cancelled by checking the box above or by written notice to the CFD office. In signing this form I acknowledge that all contributions I have made in the past will be replaced. I hereby authorize the City of Seattle to deduct the amount indicated from my pay provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.								
Required Signature				Your name and email will be sent to your chosen charity(ies) unless you mark the circle below.				
				I wish to rama	in anon	vmous		

Please give this form to your Combined Charities volunteer to be sent to the CFD office.

Thank you for your participation! Your donations will make a world of difference in our community.